

# **Provider Enrollment** **Maintenance Document**

**Provider Enrollment General Correspondence**



**Provider ID:** 255161600

**Clerk:** M. Bines

**PROVIDER FILE MAINTENANCE REQUEST FORM**

Requestor: (MCM Provider Enrollment) <b>Will Armstrong</b>			Contact Number <b>412-3437</b>	
Date of Request: <b>4/22/10</b>	Provider Number (s) <b>255161600</b>	ATN	Provider Name <b>Fernando Villamill</b>	Area Off

Please process as indicated below: (Activation of the provider number is authorized only if indicated below).

**Stack A-term**Effective Date: **4/20/10**

Stack A-term per MPI letter (memorandum) signed 4/20/10



CHARLIE CRIST  
GOVERNOR

THOMAS W. ARNOLD  
SECRETARY

## MEMORANDUM

**DATE:** April 20, 2010

**TO:** Roberta K. Bradford  
Deputy Secretary for Medicaid

**FROM:** D. Kenneth Yon, Bureau Chief *KY*  
Office of Inspector General  
Medicaid Program Integrity

**SUBJECT:** Fernando Mendez-Villamil  
Provider # 2551616-00 MPI File #67418 License Number ME0075685

The Office of Inspector General, Bureau of Medicaid Program Integrity (OIG/MPI), recommends that Medicaid consider an A-Termination of this provider.

Provider Number	Name	Address	Prov Type	License #	Enrollment Status	\$ Paid CY 08	\$ Paid CY 09	Acted Office	Medi-Pass?
2551616-00	Fernando Mendez-Villamil	1898 SW 22 <sup>nd</sup> Street, Suite B	25 MD	ME0075685	1-Active as of 11/10/1998	\$31,735.40	\$27,766.33	11	N

The basis for this recommendation is it is in the best interest of the Medicaid program. At this time, the Medicaid Fraud Control Unit (MFCU) has indicated it is no longer necessary to refrain from Termination of the provider from the Medicaid program. The Agency's investigation of this provider has created areas of concern. Contributing to these concerns are the volume of patients being seen and the medications being prescribed. Additionally, it is recommended this provider be terminated in First Health Services Corporation. We recognize that there may be clinical considerations that the Bureau of Pharmacy Services must evaluate.

If you or your staff have any questions regarding this recommendation, please contact Gordon, McCleary, Program Administrator, at 921-1802. Additionally, because this provider is under active investigation and/or this memo contains confidential information, its contents should not be disclosed beyond necessary Agency employees. Specifically, it should not be disclosed that MFCU has an active investigation.

cc: Medicaid Program Integrity Chief (Termination recommendation)



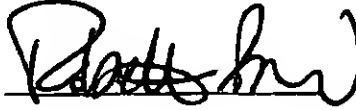
Fernandez Mendez-Villamil  
Prov. # 2551616-00  
Memo to Medicaid Director  
Page 2 of 2

---

Please return a copy to Medicaid Program Integrity upon completion:

2551616-00

☒ Approved



date

4/20/10

☐ Disapproved

date

☐



CHARLIE CRIST  
GOVERNOR

THOMAS W. ARNOLD  
SECRETARY

**DELIVERY RECEIPT**

I, Fernando Mendez-Villamil (Name and Title), representing  
the medical offices of Fernando Mendez-Villamil, M.D., hereby acknowledge receipt of a letter  
dated April 21, 2010, hand-delivered by Adolfo L. Garcia and Carlos Rodriguez from the  
Florida Medicaid Office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

